

Olympic Medical Center Financial Assistance Program

Olympic Medical Center will not exclude any person from receiving services on the grounds that such person is unable to pay for needed services because of poverty or unemployment. Upon request or review the facility will provide Financial Assistance to any/each person as determined in accordance with criteria contained in this policy.

The guidelines used as criteria will include, but not be limited to the following:

- A. To be eligible for Financial Assistance, a person may be deemed to have undue financial hardships, considering income, resources and obligations as determined by the hospital that make them unable to pay for all or a portion of their medical care. Such consideration will include a review of gross income, family size, and net worth, current or potential employment status. Those assets, which are exempt in determining Washington State Medicaid eligibility, (such as principal residence, necessary motor vehicle, etc.) will be excluded from making a net worth determination.
- B. Any unusual circumstances or special hardships, including catastrophic hospitalization costs, will be considered and constitute justification for extending Financial Assistance to patients who do not meet all of the additional criteria.
- C. Any person of the family classified as indigent or medically indigent, but ineligible for state or federal medical assistance, is eligible for consideration to receive discounted care. Medical indigence refers to those who are too impoverished to meet their medical expenses. It may also include those whose income is sufficient to pay for basic living costs but not for medical care and those persons with generally inadequate income who are suddenly faced with catastrophic medical bills.
- D. Patients will be provided with applications for Financial Assistance upon request or review. Any and all other benefits will be assessed to determine eligibility for Financial Assistance. Those who meet the criteria mentioned above will be considered for full or partial Financial Assistance eligibility. Patients with documented income under 100% of FPL will receive a full discount. A sliding payment schedule, based on the Federal Poverty Guidelines (between 100% and 300% of FPL), is used as a guide to determine the amount for which a family is responsible, with added consideration for any special circumstances. The patient will receive written notice that will include the level of discount allowed. If the outstanding balance is not paid, the hospital reserves the right to cancel the Financial Assistance discounts and assign unpaid balances to an outside collection agency.

Financial Assistance Application forms are available through the Business Office & any ancillary's Point of Service Registration Offices and will be furnished to anyone requesting them or who is identified as being a potential candidate for Financial Assistance.

It is preferred that the application be filed by the patient, legal guardian, or executor. The Collection Department may file on behalf of the patient when the patient is not able to file.

The application is to be returned to the Collection Department within fourteen (14) days of receipt. Olympic Medical Center shall make a determination within fourteen (14) days after receipt of the application. If the Financial Assistance application is denied the written notice will include a reason for denial, payment terms and instructions for the appeal process. The patient may appeal the decision by providing additional proof of income or family size within 30 days. The patient will receive a written notice of the final decision. In making a determination, the applicant may be required to provide the hospital with additional documentation of items on the application. Failure to provide such documentation may result in denial of the application.

The Collection Department will process each application for approval or denial, and the application along with a Determination of Eligibility form will be forwarded to the Supervisor of Patient Accounts for final approval based on the following guidelines:

\$0.00 - \$2,500	Financial Services Supervisor
\$2,500 - \$10,000	Patient Accounts Manager
\$10,000 - \$50,000	Director of Finance
Over \$50,000	Chief Financial Officer

APPROVED BY:

Eric Lewis
Administrator

<i>Reviewed 11/93, 4/96, 10/98, 02/01, 6/03; 5/05, 01/07 J. Nutter</i> <i>Revised 6/87, 12/89, 5/91, 10/98, 02/01, 6/03: by W. Lyon, Patient Accounts, E. Lewis, CFO</i>
